

**CASE MONITORING II
HEALTH CARE DATA FORM**

Client ID: _____
__0__12__24__36 mo
date: _____ - _____ - _____
interviewer _____

For baseline:

1a.) 1 year before 1st day of baseline detox (Date A): ____ - ____ - ____

1b.) Discharge (check one): ____ (1)estimated ____ (2)known

1c.) Date of expected/known discharge: ____ - ____ - ____

For follow-up:

1a.) Date of prior Health Care interview (Date A): ____ - ____ - ____

For baseline and follow-ups:

(Y or N)

2. Since (Date A) up through yesterday have you been to any (at baseline insert: "other") inpatient detox programs? (do not include the detox from which the subject was recruited) 2. _____

3. Since (Date A) have you spent at least one night in a hospital for medical reasons? 3. _____

4. Since (Date A) have you spent at least one night in a hospital for mental health reasons? 4. _____

5. Since (Date A) did you go to a hospital emergency room (not a walk-in clinic) for medical care? 5. _____

6. Since (Date A) have you been transported by ambulance? 6. _____

7. Since (Date A) have you been in a day treatment program ? 7. _____

7a. If YES, was it for:

- ____ (1) alcohol and/or drugs
- ____ (2) mental health
- ____ (3) Or both (or not sure which)

8. Since (Date A) have you been in a halfway house or other residential facility for alcohol, drug, or mental health reasons? 8. _____

8a. If YES, was it for:

- ____ (1) alcohol and/or drugs
- ____ (2) mental health
- ____ (3) Or both (or not sure which)

(Y or N)

9. Since (Date A) up through yesterday have you received any somewhat expensive medical services that were covered by your health care plan like MRI's, X-rays, CAT scans, etc.? 9. _____

10. Since (Date A) have you received less expensive medical services that were covered by your health care plan like blood tests, other lab work, a physical, a flu shot, etc.? 10. _____

11. Since (Date A) have you received any somewhat expensive medical services that were not covered by your health care plan like MRI's, X-rays, CAT scans, etc.? 11. _____

12. Since (Date A) have you received less expensive medical services that were not covered by your health care plan like blood tests, other lab work, a physical, a flu shot, etc.? 12. _____

13. Since (Date A) have you attended individual outpatient treatment ? 13. _____

13a. If YES, was it for:

- ___ (1) alcohol and/or drugs
- ___ (2) mental health
- ___ (3) Or both (or not sure which)

14. Since (Date A) have you attended group therapy lead by a professional ? 14. _____

14a. If YES, was it for:

- ___ (1) alcohol and/or drugs
- ___ (2) mental health
- ___ (3) Or both (or not sure which)

15. Since (Date A) have you been to an oral surgeon? 15. _____

16. Since (Date A) have you been to a dentist?
(do not complete grid for exams or cleanings) 16. _____

17. Since (Date A) have you received treatment from a physical therapist, occupational therapist, or chiropractor? 17. _____

Do not complete grid for any of the following questions:

18. Does your health care policy cover pharmacy costs? 18. _____

19. Since (Date A) up through yesterday have you been prescribed any medication for drinking, like Antabuse, naltrexone, Revia, etc. 19. _____

If YES, write down:

Medication	schedule	onset	condition	compliant?
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20. Since (Date A) have you been prescribed any medication for any other reasons? detox meds go here: 20. _____

If YES, write down:

Medication	schedule	onset	condition	compliant?
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21. Since (Date A) have you attended any AA meetings? 21. _____

(If Yes) How many? 21a. _____

22. What about other self-help groups for alcohol and drugs like NA, Rational Recovery, SMART, or Women for Sobriety. 22. _____

23a:group: _____	23b: (#) _____
24a:group: _____	24b: (#) _____
25a:group: _____	25b: (#) _____

26. What about any other type of self-help group (not alcohol nor drug-related)? 26. _____

27a:group: _____	27b: (#) _____
28a:group: _____	28b: (#) _____
29a:group: _____	29b: (#) _____

30. Since (Date A) have you gone to an Employment Assistance Program? 30. _____

31. Since (Date A) have you been a patient in a nursing home or hospice, overnight or longer? 31. _____

Name and Clinic for Primary Care Provider: _____